

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN4704	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2012
NAME OF PROVIDER OR SUPPLIER FORT SANDERS TCU		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 CLINCH AVE KNOXVILLE, TN 37916		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to exercise their annual earthquake drill. The findings include: Record review and interview on November 14, 2012 at 12:40 p.m. confirmed that the facility failed to exercise their annual earthquake drill. This finding was verified by the Director of Facility Services and acknowledged by the administrator during the exit conference on November 14, 2012.	N1410	Fort Sanders Regional Medical Center and Fort Sanders TCU has a Severe Weather/Earthquake Procedures protocol (Code Gray). The Fort Sanders Master Emergency Drill schedule has been amended to ensure that this protocol is exercised at least on an annual basis for both weather and earthquakes. The exercise will ensure that Staff duties including evacuation procedures are known. A written report documenting the evaluation of the drill and the action recommended or taken for any deficiencies found will be maintained by the Safety Officer.	12/15/12

Division of Health Care facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER'S SIGNATURE

STATE FORM

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